

County: St. Croix
 KINNIC LONG TERM CARE
 1663 EAST DIVISION STREET
 RIVER FALLS 54022 Phone:(715) 426-6000
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 68
 Total Licensed Bed Capacity (12/31/02): 68
 Number of Residents on 12/31/02: 64

Facility ID: 7580

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Ownership: Non-Profit Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 65

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			31.3
Supp. Home Care-Personal Care	No						More Than 4 Years			39.1
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	6.3				29.7
Day Services	No		Mental Illness (Org./Psy)	31.3	65 - 74	6.3				-----
Respite Care	No		Mental Illness (Other)	6.3	75 - 84	23.4				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	48.4				*****
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	15.6				Full-Time Equivalent
Congregate Meals	No		Cancer	0.0		-----				Nursing Staff per 100 Residents
Home Delivered Meals	Yes		Fractures	1.6		100.0				(12/31/02)
Other Meals	No		Cardiovascular	17.2	65 & Over	93.8				-----
Transportation	No		Cerebrovascular	14.1		-----				RNs 8.3
Referral Service	No		Diabetes	7.8	Sex	%				LPNs 10.8
Other Services	No		Respiratory	1.6		-----				Nursing Assistants,
Provide Day Programming for			Other Medical Conditions	20.3	Male	25.0				Aides, & Orderlies 36.3
Mentally Ill	No			-----	Female	75.0				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All	
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%			Per Diem (\$)
Int. Skilled Care	0	0.0	0	1	2.6	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Skilled Care	3	100.0	304	35	89.7	119	0	0.0	0	22	100.0	137	0	0.0	0	0	0.0	0	60	93.8
Intermediate	---	---	---	3	7.7	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	4.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		39	100.0		0	0.0		22	100.0		0	0.0		0	0.0		64	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
		Daily Living (ADL)		Assistance of		Dependent		Number of	
Private Home/No Home Health		17.9	Independent	One Or Two Staff				Residents	
Private Home/With Home Health		1.8	Bathing	87.5		12.5		64	
Other Nursing Homes		7.1	Dressing	78.1		15.6		64	
Acute Care Hospitals		71.4	Transferring	62.5		10.9		64	
Psych. Hosp.-MR/DD Facilities		0.0	Toilet Use	70.3		10.9		64	
Rehabilitation Hospitals		0.0	Eating	35.9		3.1		64	
Other Locations		1.8	*****						
Total Number of Admissions		56	Continence	% Special Treatments					
Percent Discharges To:			Indwelling Or External Catheter	9.4	Receiving Respiratory Care		15.6		
Private Home/No Home Health		33.3	Occ/Freq. Incontinent of Bladder	53.1	Receiving Tracheostomy Care		0.0		
Private Home/With Home Health		8.8	Occ/Freq. Incontinent of Bowel	35.9	Receiving Suctioning		0.0		
Other Nursing Homes		7.0			Receiving Ostomy Care		3.1		
Acute Care Hospitals		8.8	Mobility		Receiving Tube Feeding		0.0		
Psych. Hosp.-MR/DD Facilities		0.0	Physically Restrained	3.1	Receiving Mechanically Altered Diets		25.0		
Rehabilitation Hospitals		0.0							
Other Locations		0.0	Skin Care		Other Resident Characteristics				
Deaths		42.1	With Pressure Sores	1.6	Have Advance Directives		89.1		
Total Number of Discharges			With Rashes	6.3	Medications				
(Including Deaths)		57			Receiving Psychoactive Drugs		64.1		

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities									

		Ownership:		Bed Size:		Licensure:			
		Nonprofit		50-99		Skilled			
		Peer Group		Peer Group		Peer Group			
		Ratio		Ratio		Ratio			
								All Facilities	
Occupancy Rate: Average Daily Census/Licensed Beds		95.6	87.5	1.09	87.1	1.10	85.3	1.12	85.1
Current Residents from In-County		39.1	79.3	0.49	81.5	0.48	81.5	0.48	76.6
Admissions from In-County, Still Residing		14.3	21.8	0.66	20.0	0.71	20.4	0.70	20.3
Admissions/Average Daily Census		86.2	124.6	0.69	152.3	0.57	146.1	0.59	133.4
Discharges/Average Daily Census		87.7	129.0	0.68	153.5	0.57	147.5	0.59	135.3
Discharges To Private Residence/Average Daily Census		36.9	50.5	0.73	67.5	0.55	63.3	0.58	56.6
Residents Receiving Skilled Care		95.3	94.7	1.01	93.1	1.02	92.4	1.03	86.3
Residents Aged 65 and Older		93.8	96.2	0.97	95.1	0.99	92.0	1.02	87.7
Title 19 (Medicaid) Funded Residents		60.9	56.7	1.08	58.7	1.04	63.6	0.96	67.5
Private Pay Funded Residents		34.4	32.8	1.05	30.0	1.15	24.0	1.43	21.0
Developmentally Disabled Residents		0.0	0.5	0.00	0.9	0.00	1.2	0.00	7.1
Mentally Ill Residents		37.5	35.5	1.06	33.0	1.14	36.2	1.04	33.3
General Medical Service Residents		20.3	23.8	0.86	23.2	0.88	22.5	0.90	20.5
Impaired ADL (Mean)		44.4	50.4	0.88	47.7	0.93	49.3	0.90	49.3
Psychological Problems		64.1	54.7	1.17	54.9	1.17	54.7	1.17	54.0
Nursing Care Required (Mean)		6.4	6.9	0.93	6.2	1.03	6.7	0.96	7.2
